

## MATHEMATICS AND SCIENCE PARTNERSHIP PROJECT BUDGET

BUDGET ITEM	GRANT FUNDS REQUESTED (GFR) Year 1: July 1, 2006 – June 30, 2007	GRANT FUNDS REQUESTED (GFR) Year 2: July 1, 2007 – June 30, 2008	GRANT FUNDS REQUESTED (GFR) Year 3: July 1, 2008 – June 30, 2009
<b>100. SALARIES</b>			
Elementary Math Specialist Salary TOTAL			
<b>200. EMPLOYEE BENEFITS</b>			
Total of all benefits TOTAL			
<b>300. PURCHASED SERVICES</b>			
CAMSE Partner Contract	\$12,700.00	\$12,700.00	\$12,700.00
<b>Summer Institutes</b> # participants X \$25/night for 5 nights lodging # participants X \$22/day for 5 days meals Additional participating teacher lodging & meals <b>Lens on Learning Institutes</b> # principals X \$44/night for 3 nights lodging # principals X \$40/day for 3 days meals <b>Graduate Credit</b> 6 credits/Math Specialist X \$60 3 credits/Teacher Leader X \$60 2 credits/Principal X \$60 3 credits/Additional Teachers X \$60 <b>Office Operations/Activities</b> TOTAL			
<b>330. Travel</b>			
Travel Expense and Mileage TOTAL			
<b>400. SUPPLIES AND MATERIALS</b>			
Math Manipulatives	\$2,500.00	\$2,500.00	\$2,500.00
\$125/participant for CGI text			
\$300/principal for Lenses on Learning TOTAL			
<b>Subtotal</b>			
*Indirect Costs			
<b>Grand Total</b>			

Budget will be adjusted to reflect actual number of participants and actual indirect costs on totals.  
SDDOE reserves the right to limit numbers of participants if necessary.

**\*Indirect Cost Information (To be completed by Your Business Office):**

If you are requesting to budget for restricted indirect costs, please answer the following questions:

- (1) Are you a South Dakota Public School District? \_\_\_\_\_ (yes, no) If yes, use your state approves restricted indirect cost rate. If no, go to number two.
- (2) Do you have a Restricted Indirect Cost Rate Agreement approved by an agency of the state of federal government? \_\_\_\_ (yes, no) If no, you may not claim indirect costs, If yes, go to number three.
- (3) Period Covered by the Restricted Indirect Cost Rate Agreement: From: \_\_\_\_\_ To: \_\_\_\_\_ (mm/dd/yyyy)  
Approving agency (please specify): \_\_\_\_\_

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**Please attach a copy of you approved restricted indirect cost rate agreement**

